

# *Oncologic Care for Old-Aged Patients*

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# *Elderly & Cancer*

***cancer***

*People 65 years or older are at the higher risk for cancer.*

***cancer***

*For all cancers combined, those over 65 years have an incidence rate 10 times greater than the rate for younger people.*

***cancer***

*The mortality rate for older cancer patients is greater than of younger adults.*

**1960**

**2010**

**2040**



*Likelihood that someone who is 65 will reach the age of 90\*\*\**

***SKIN CANCER*** as the most common cancer among Iranian old people and then Stomach, Prostate, Bladder, Esophagus, Colorectal, Breast, Lung, Lymphoma and Leukemia)

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**Women:**

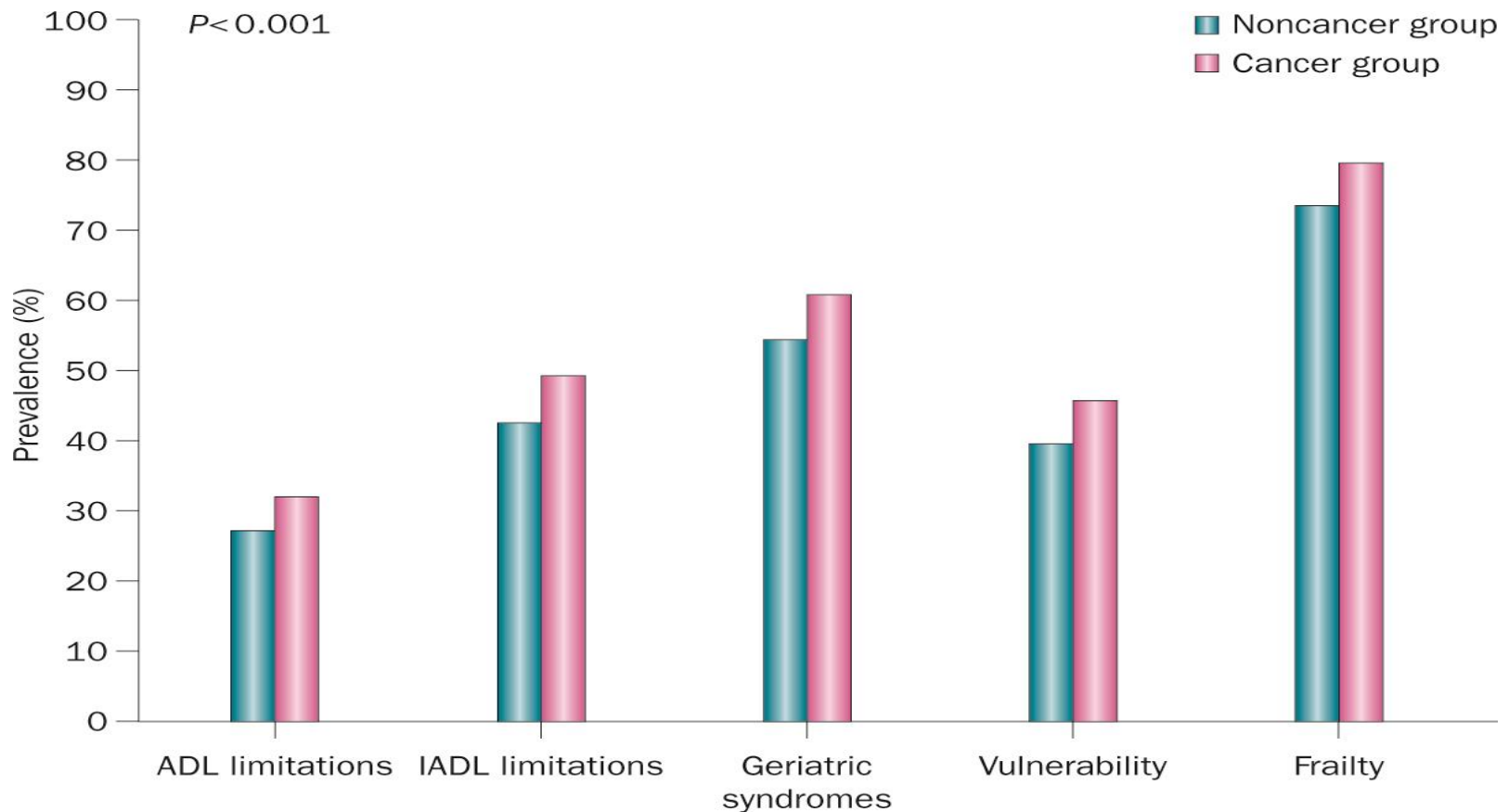
- ✓ **Skin**
- ✓ **Breast**
- ✓ **Stomach**

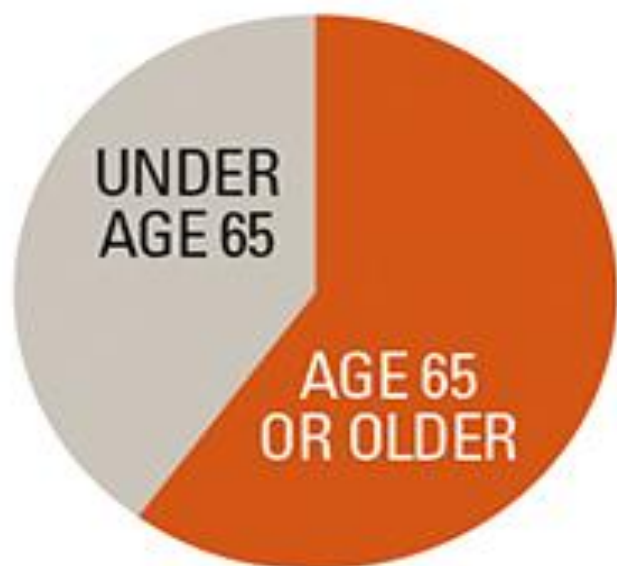
**Men:**

- ✓ **Skin**
- ✓ **Stomach**
- ✓ **Urinary Bladder**

**Rafiee M et al, 2012**

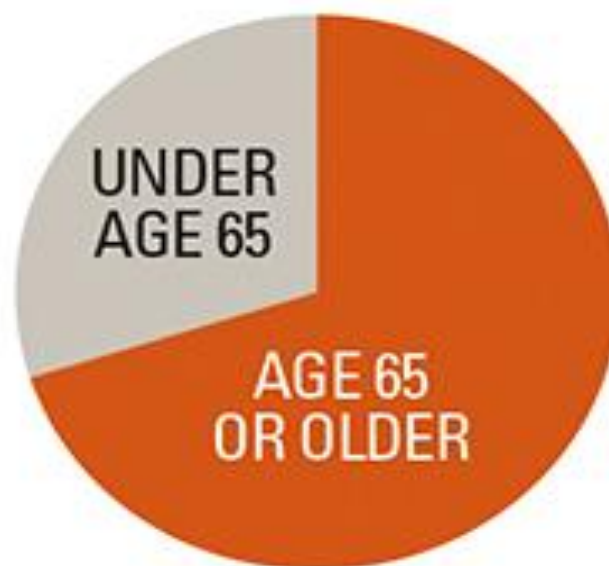
# ***Cancer is associated with functional deficits, vulnerability, and frailty***





### **Cancers Diagnosed**

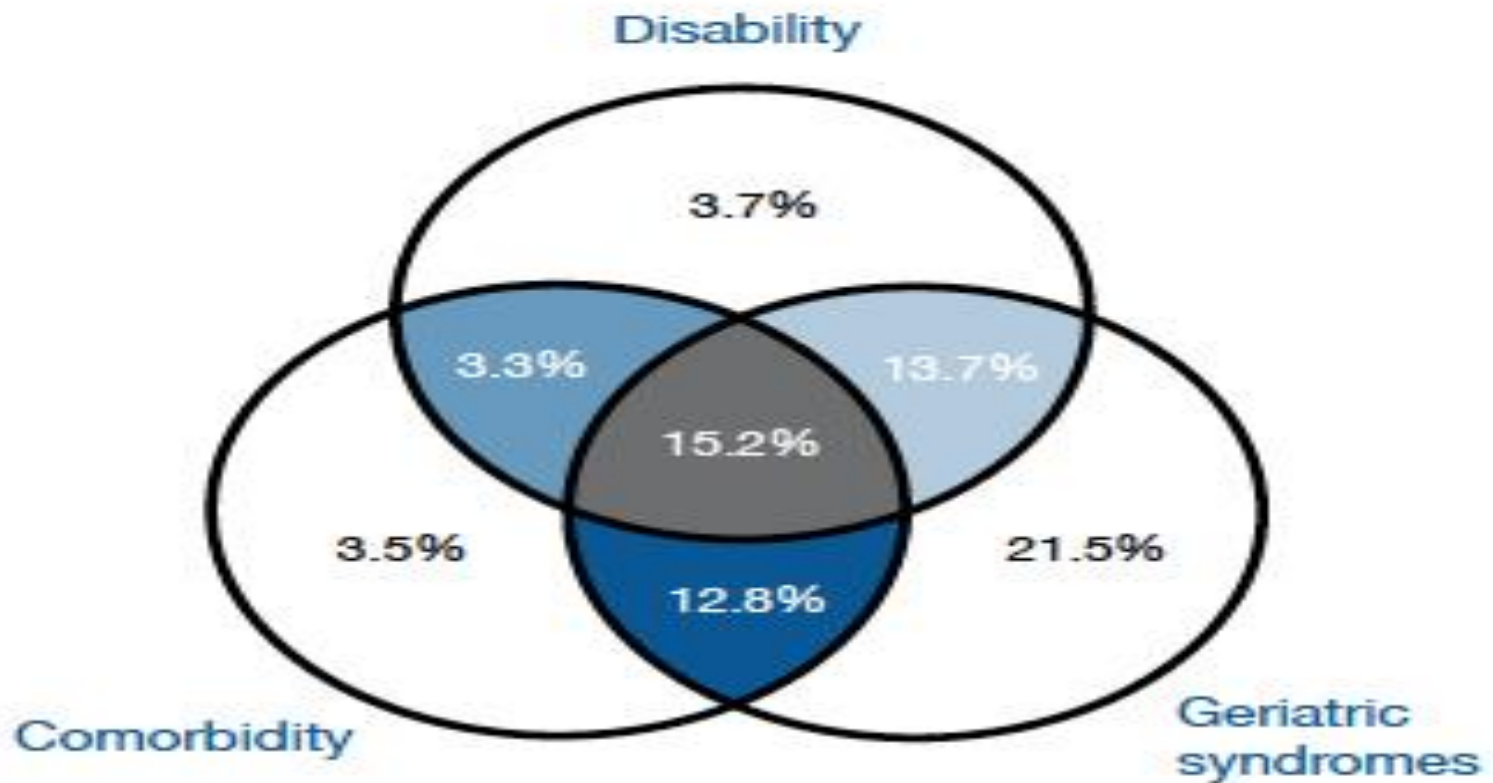
*In 2011, 60% of cancers have been diagnosed in those age 65 and older.\*\**



### **Cancer Deaths**

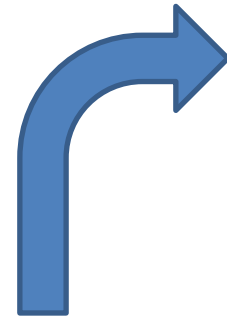
*In 2011, 70% of cancer deaths have been in this age group.\*\**

**Figure 1:** Disability, comorbidity, and geriatric syndromes among older, newly-diagnosed cancer patients.



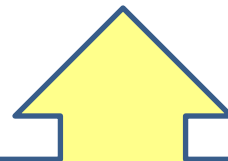
*Mohile S et al, 2013*

*Quality of life*



*Ethical  
Dilemmas*

*Nurses must be  
an advocate  
for older cancer patients.*



*Financial  
Resources*



# ***Risk Factors***

❖ ***Advanced age***

❖ ***Dietary factors:***

*\* High-fat & low-fiber diet*

*\* High animal fat intake*

*\* Preservatives*

*\* High alcohol consumption)*

❖ ***Environmental factors:***

*\* Chemical carcinogens(industrial chemicals, drugs, tobacco)*

*\* Physical carcinogens(inonizing radiation, UV radiation, tissue trauma)*

*\* Viral carcinogen(HPV,HBV)*

❖ ***Genetic predisposition***

❖ ***Immune function***

❖ ***Obesity***

# ***CANCER***

***Metastatic  
Nature of the disease***

***Pain***

***Anorexia***

***Toxicity of  
Treatments***

***Radiotherapy***

***Chemotherapy***



**Frailty**

*Tabloski, 2014*

## *Clinical Manifestations*

*Usually appear once the cancer has grown sufficiently large enough to affect organ function.*

*Affected  
Organ*

*Cancer  
Stage*

*Aging Process & Comorbidities*

# ***Common Clinical Manifestations:***

➤ ***Anorexia***

➤ ***Weakness & Fatigue***

➤ ***Weight Loss***

➤ ***Pain***

➤ ***Paraneoplastic Syndromes Signs***



# *Differential Diagnosis*

- ❖ *Arthritis(bone & joint pain)*
- ❖ *Depression(fatigue, lethargy)*
- ❖ *Hyperthyroidism(weight loss, anorexia)*
- ❖ *Hypothyroidism(weight loss, fatigue, lethargy)*
- ❖ *Influenza(altered immune function, fatigue, bone pain)*
- ❖ *Malnutrition(weight loss, anorexia, fatigue)*
- ❖ *Pneumonia(altered immune function, productive cough)*
- ❖ *TIA/Stroke(alteration in CNS, hearing or vision loss)*

*Decision to treat old patients  
must be evaluated on  
an individual basis with consideration of:*

- ❖ *Cancer Stage*
- ❖ *Comorbidities*
- ❖ *Risks vs. Benefits*
- ❖ *Financial Supports*
- ❖ *Social Supports*

# ***CANCER TREATMENT***

*for*

## ***ELDERLY***

**Hepatic  
&  
Renal Function**

**Side Effects**

***More Risky  
&  
Complications***

***Radiotherapy***

***Surgery***

***Chemotherapy***

***Skin Reactions  
(redness to burn)***

# *Cancer Complications among Elderly*

- + Impaired immune system: bacterial, fungal, viral infections*
- + Impaired hematologic system: Anemia, Thrombocytopenia, Leukopenia*
- + Altered gastrointestinal tract function: Anorexia, N&V, diarrhea, constipation*
- + Sensory Deficit: visual changes, hearing loss, impaired taste buds*
- + Motor changes: weakness, fatigue, falls*
- + Decreased respiratory function*
- + Diminished renal function*
- + Impaired liver function*
- + Chronic pain*
- + Depression*
- + Sepsis*
- + Disseminated Intravascular coagulation(DIC)*
- + Spinal cord compression*



# ***Cancer Prevention for Old People***



## ***Primary***

- Avoidance of carcinogens
- Adopting healthy life style

## ***Secondary***

- Screening & early detection
- Remove of premalignant lesions

## ***Tertiary***

- Maintain optimal wellness
- Reinforce relaxation & therapeutic coping techniques

# Recommended Screening Test

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## For Women

- *Mammography (once yearly)*
- *Pap Smear (once yearly)*
- *Pelvic examination (once yearly)*
- *Digital rectal exam (once yearly)*
- *Fecal occult Blood test(once yearly)*
- *Colonoscopy(every10 years for normal risk,every 2years for high risk)*

## For Men

- *Prostate-Specific Antigen(PSA)(once yearly)*
- *Digital rectal exam (once yearly)*
- *Fecal occult Blood test (once yearly)*
- *Colonoscopy(every10 years for normal risk, every 2 years for high risk)*

***Nursing Process  
For  
Old-Aged  
Oncologic Patients***

# ***Nursing Assessment:***

## ***Complete History & Physical Examination:***

- ✓ ***Vital signs (fever, hypotension, hypoxia, tachycardia, tachypnea)***
- ✓ ***Neurologic (mental status changes, gait changes, vision , hearing)***
- ✓ ***HEENT (visual changes, nosebleed, bleeding gums, oral mucus & lesions, voice quality, neck mass & lymphadenopathy)***
- ✓ ***Cardiac (palpitation, orthostatic hypotension, chest pain)***
- ✓ ***Respiratory (cough, dyspnea, SOB, hemoptysis, hoarseness)***
- ✓ ***GI (weight loss, anorexia, abdominal discomfort & mass, N&V, GERD, ascites, diarrhea, constipation)***
- ✓ ***GU (Dysuria, hematuria, pelvic/lower back pain, testicular changes, vaginal bleeding,...)***
- ✓ ***Skin (petechiae, lesions & masses,...)***
- ✓ ***Breast (retraction, nipple dimpling & discharge, lymphadenopathy)***

# ***Patient/Family Education***

